

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		ADDED BY AMENDMENT		ADDED BY AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		9				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		1				
14		2				
15		2				
16		2				
17		1				
18		1				
19		4				
20		4				
21		4				
22		4				
23		4				
24		4				
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		6				
33		2				
34		2				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58		1				
59		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	82					
TOTAL CLAIMS	85					